

2839

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application No.	09/635,051
		Filing Date	August 9, 2000
		First Named Inventor	Paul H. Glad
		Group Art Unit	2839
		Examiner Name	Abrams, Neil
Total Number of Pages in This Submission	23	Attorney Docket Number	42390P12193XCX2C

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> PTO/SB/08  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Basic Filing Fee <input checked="" type="checkbox"/> Declaration/POA  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Return receipt postcard and a copy of the previously stamped return receipt postcard.</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Brent E. Vecchia, Reg. No. 48,011 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	<i>Brent E. Vecchia</i>
Date	JUNE 5, 2003

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.			
Typed or printed name	Krista Mathieson		
Signature	<i>Krista Mathieson</i>	Date	June 5, 2003

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JUN 12 2003  
TECHNOLOGY CENTER 1800

# **FEE TRANSMITTAL FOR FY 2003**

TOTAL AMOUNT OF PAYMENT (\$) \$ 0.00

Complete if Known:

Application No. 09/635,051  
 Filing Date August 9, 2000  
 First Named Inventor Paul H. Glad  
 Group Art Unit 2839  
 Examiner Name Abrams, Neil  
 Attorney Docket No. 42P12193XCX2C

## **METHOD OF PAYMENT (check one)**

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 02-2666  
 Deposit Account Name Blakely, Sokoloff, Taylor & Zafman

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed: ☒ Check  
☐ Money Order  
☐ Other

## **FEE CALCULATION**

### **1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Code	Fee (\$)	Code	Fee (\$)		
1001	750	2001	375	Utility application filing fee	\$
1002	330	2002	165	Design application filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional application filing fee	
SUBTOTAL (1)					\$ 0.00

### **2. EXTRA CLAIM FEES**

		Extra Claims	Fee from below	Fee Paid
Total Claims	<u>39</u>	- 101 ** = <u>0</u>	X \$18.00	= \$0.00
Independent Claims	<u>4</u>	- 7** = <u>0</u>	X \$84.00	= \$0.00
Multiple Dependent				=

\*\*Or number previously paid, if greater; For Reissues, see below.

Large Entity		Small Entity		Fee Description	Fee Paid
Code	Fee (\$)	Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple dependent claim, if not paid	
1204	84	2204	42	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					\$ 0.00

### 3. ADDITIONAL FEES

Other fee (specify) \_\_\_\_\_

Other fee (specify) \_\_\_\_\_

**SUBTOTAL (3) \$ 0.00**

**SUBMITTED BY:**

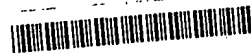
Signature: Brent E. Vecchia Date: June 5, 2003

**Reg. Number:** 48,011 **Telephone Number:** (303) 740-1980



TO THE UNITED STATES PATENT AND  
TRADEMARK OFFICE: PLEASE STAMP AND  
RETURN. THANK YOU.

Client: Xircom, Inc.  
Serial No.: 09/635,051  
Filed: August 9, 2000  
Title: COMPLIANCE  
COMMUNICATION  
CONNECT  
Mailed: January 29,  
Docket: T1680.CIP3



02-02-2001

U.S. Patent & TMO/TM Mail Rpt Dt. #34

Submitted: — •Response to Notice to File Missing Parts  
Application  
— •Preliminary Amendment  
•Power of Attorney and Designation of  
Correspondence Address, Fee Address and  
Attorney Docket Number  
•Certificate Under 37 C.F.R. §3.73(b) to  
Establish Right of Assignee to Take Action  
•Declaration and Petition  
•Copy of Notice to File Missing Parts of  
Non Provisional Application

Grant R. Clayton  
CLAYTON, HOWARTH & CANNON, P.C.  
P.O. Box 1909  
Sandy, Utah 84091

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